

Ms. Sweet:

Please distribute this to members of the Health Policy committee for consideration as you review HR276 which addresses the Governor's action to compel nursing homes to accept COVID19 cases from acute care facilities. In addition to being an Infectious Diseases provider caring for COVID19 cases throughout this epidemic, I have also been extensively involved in our health system's command center which helped make our policies as it relates to the management of COVID19 cases as well as Infection prevention strategies. My opinion below reflects my opinion alone (and not those of my employer) but is consistent with the views of many other providers who were involved in the front lines (exposing ourselves extensively to this virus) for thousands of these patients.

I acknowledge that there have been high rates of COVID 19 acquisition at nursing homes, which are licensed through the state of Michigan and thus are required to meet standards of care that include appropriate staffing and Infection prevention policies. During the first 8 weeks of this epidemic, our acute care facilities were at a breaking point in terms of patient volumes. This led to placing COVID patients wherever we could find space, rationing personal protective equipment (PPE) and finding ourselves on the threshold of turning away patients from our emergency departments to critical staffing, bed space and shrinking PPE resources. At that time, many of these outside facilities would not accept their COVID-infected patients back unless they had multiple tests demonstrating a negative status (and we were short on tests as well).

It was in the context that healthsystem leaders reached out to our state leadership to help ensure that nursing homes (including long-term facilities, rehab, etc) would accept back recovering COVID19 cases due to our need to care for the continued influx of new, sick patients. The development of the other facilities you mentioned (Showcase Collection and the former Cobo Hall) came later and accepted a very limited number of low acuity cases. Patients were frequently sent back within days as they were limited by the amount of oxygen they could provide, inability to give any intravenous therapy as well as lack of medical consultation. In other words, their promise has not been realized in terms of offloading our acute care facilities.

As a state, we now enjoy the benefits of our Governor's Executive actions that have led to the dramatic reduction in our community-wide COVID19 prevalence. One of these benefits is that we now have capacity to easily manage our current COVID19 cases. Many of the outside facilities (like nursing homes, rehab, long-term care facilities) have appropriate Infection prevention policies and PPE to care for their current patients as well. While I realize it is easy in retrospect to question the rationale behind the decision to have nursing homes take back COVID19 infected patients (who were originally infected in those facilities by the way), due to the excess capacity that acute care facilities faced at that time, we greatly needed this action in order to continue to manage new cases with a higher severity of illness. This is the nature of public health during an unprecedented life-threatening epidemic e.g. balancing out the best use of resources to manage the highest number of patients with the least number of

deaths. While this is difficult to appreciate from the luxury of your remote workspace, our acute care facilities and healthcare workers (many of whom also developed COVID) were simply overwhelmed.

This is not the time to further politicize the actions of the Governor that directly led to the plateau and later reduction in COVID19 cases in the state of Michigan. For us healthcare workers and our patients, these actions were a Godsend and cannot be dismissed by those who would attempt to re-write history. I would direct you to several other states that are now "surging" again (Texas, Wisconsin, others) due to such politicization that has driven poor public policy. Now that we are progressively re-opening the state, let us put aside further political grandstanding and work on transitioning to the new challenges COVID19 presents.

Sincerely,

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